

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025985

1. Entity Name  
DEERWOOD PROFESSIONAL CENTER, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90054 035 \*\*\*150.00

Principal Place of Business  
3019 SOUTHWEST 27TH AVENUE #202  
OCALA FL 34474

Mailing Address  
3019 SOUTHWEST 27TH AVENUE #202  
OCALA FL 34474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1700 SE 17th Street

3. Mailing Address  
1700 SE 17th Street

Suite, Apt. #, etc.  
#300

Suite, Apt. #, etc.  
#300

City & State  
Ocala FL

City & State  
Ocala FL

Zip  
34471

Country  
USA

Zip  
34471

Country  
USA

4. FEI Number 59-3576917

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, ROY THAD III  
3019 SW 27TH AVENUE  
SUITE 202  
OCALA FL 34474

Name  
Roy Thad Boyd, III  
Street Address (P.O. Box Number is Not Acceptable)  
1700 SE 17th Street  
#300  
City Ocala FL Zip 34471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-27-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HAINES, TIM D  
125 N.E. 1ST AVENUE #1  
OCALA FL 34470 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Roy Thad Boyd, III  
1700 SE 17th Street, #300  
Ocala FL 34471 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

Date

352-861-2248

Daytime Phone #

CR2E034 (10/00)